

COPY OF PAPERS
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3738
PATENT
Attorney Docket No. 101-0084-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Gary K. Michelson

Serial No.: 09/921,851

Filed: August 3, 2001

For: SPINAL IMPLANT SURFACE
CONFIGURATION

Group Art Unit: 3738

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE OF MAILING VIA FIRST CLASS MAIL

Date of Deposit: April 25, 2002

RECEIVED

MAY 08 2002

I hereby certify that:

1. Transmittal Form (in duplicate)
2. Amendment
3. Self-addressed return postcard receipt

TECHNOLOGY CENTER R3700

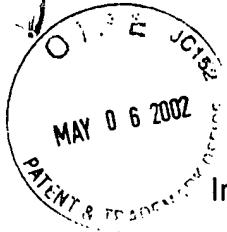
are being deposited with the United States Postal Service to Addressee with sufficient postage as first class mail under 37 C.F.R. § 1.8 on the date indicated above and are addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

Date: April 25, 2002


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Dear Sir:

TECHNOLOGY CENTER R3700

Transmitted herewith is an Amendment in the above-identified application.

- ☒ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-	20 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed.
- ☐ A check in the amount of \$___ to cover the ***-month extension of time fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: April 25, 2002

By: Thomas H. Martin
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